

Edgar Filing: GENTA INCORPORATED /DE/ - Form 4

GENTA INCORPORATED /DE/  
Form 4  
February 08, 2002

FORM 4

OMB APPROVAL

[ ] Check this box if no longer  
subject to Section 16. Form 4 or Form 5  
obligation may continue. See  
Instruction 1(b)  
(Print or Type Response)

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OMB NUMBER: 3235-0104  
Expires: December 31, 2001  
Estimated average burden  
Hours per response 0.5  
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or  
Section 30(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person\*

|        |         |          |
|--------|---------|----------|
| Burger | Thomas  | G.       |
| -----  | -----   | -----    |
| (Last) | (First) | (Middle) |

c/o Genta Incorporated  
Two Connell Drive

-----  
(Street)

|                  |         |       |
|------------------|---------|-------|
| Berkeley Heights | NJ      | 07922 |
| -----            | -----   | ----- |
| (City)           | (State) | (Zip) |

2. Issuer Name and Ticker or Trading Symbol  
Genta Incorporated (Nasdaq: GNTA)

3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary)

4. Statement for Month/Year

January 2002

5. If Amendment, Date of Original (Month/Day/Year)

6. Relationship of Reporting Person(s) to Issuer  
(Check all applicable)





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(1) These options were granted as part of an annual bonus. These options vest equally over the next four (4) years.

/s/ Thomas G. Burger

February 8, 2002

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\*\*Signature of Reporting Person

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Date

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations.

See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.

POTENTIAL PERSONS WHO ARE TO RESPOND TO THE COLLECTION OF INFORMATION CONTAINED IN THIS FORM ARE NOT REQUIRED TO RESPOND UNLESS THE FORM DISPLAYS A CURRENTLY VALID OMB NUMBER.